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| Case Number: | CM14-0103939 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 04/13/2013 |
| Decision Date: | 09/12/2014 | UR Denial Date: | 06/18/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old female who reported injury on 04/13/2013. The mechanism of injury was not provided. The diagnoses included lumbago. She previously underwent an MRI of the thoracic and the lumbar spine and an electromyography/nerve conduction studies (EMG/NCV) of the bilateral lower extremities. Prior therapies included physical therapy, and chiropractic care, as well as medications. She was noted to be utilizing topical Lidopro since at least 01/2014. The documentation of 05/28/2014 revealed that she was awaiting authorization for a transforaminal epidural steroid injection. The injured worker had numbness, aching and stabbing in her mid and low back regions. The documentation indicated that she was utilizing Norco 7.5/325 3 times a day for pain, Flexeril and Lidopro cream. She stated that the topical Lidopro cream was helping decrease pain and improves her ability to sleep. The documentation indicated that she had diminished sensation of the left L5 and S1 dermatomes. The right hamstring, TA, extensor hallucis longus (EHL) and inversion were 4+/5. She had a straight leg raise test on the right side that caused hip pain at 40 degrees. She had a positive slump test bilaterally. The diagnoses included chronic low back pain, rule out lumbar radiculopathy. The treatment plan included a transforaminal epidural steroid injection on the right side at L5/S1 and a refill of Norco 10/325 mg #120 and Lidopro topical ointment, as well as a prescription for Flexeril 10 mg #60. There was a detailed Division of Workers' Compensation (DWC) form Request for Authorization (RFA) submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidopro topical ointment, four ounces.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment guidelines. May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Topical Analgesic; Topical Capsaicin; Lidocaine Page(s): 105; 111; 28; 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.drugs.com/search.php?searchterm=LidoPro>.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing Capsaicin / Lidocaine / Menthol / Methyl salicylate. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2014. There was a lack of documentation of objective functional benefit that was received. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lidopro topical ointment 4 ounces is not medically necessary.